



DEPARTMENT OF VETERANS AFFAIRS
Information Technology Center
5000 Wissahickon Avenue
Philadelphia PA 19144-4687

BUILDING ACCESS VALIDATION FORM

For Contractors And Visitors

Type of Access: *{Please Check One}*

Date: ____ / ____ / ____

____ New ____ Current ____ Temporary ____ Delete ____ Lost Card ____ Damaged Card

CONTRACTOR/VISITOR INFORMATION

Last Name: _____ First Name: _____ MI: _____

Company: _____ Job Title: _____

Activation Date: ____ / ____ / ____ Termination Date: ____ / ____ / ____

Division: _____ Section: _____

Mail Symbol: _____ Job Title: _____ Extension: _____

Time Frame:

- ☐ 5:30am – 5:00pm
☐ 6:00am – 6:30pm
☐ 12:30pm – 11:30pm
☐ 24/7 ☐ Other _____

Check Any Special Access Areas Required:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> AEL | <input type="checkbox"/> GSA Employee | <input type="checkbox"/> SSA |
| <input type="checkbox"/> Collections | <input type="checkbox"/> GSA Door | <input type="checkbox"/> Sub-Basement |
| <input type="checkbox"/> Collections Vestibule | <input type="checkbox"/> LAN Closet | <input type="checkbox"/> Telephone Closet |
| <input type="checkbox"/> Data center | <input type="checkbox"/> Loading Dock | <input type="checkbox"/> Other _____ |

Justification and Certification of Appropriate Security Clearance:

VAITC FEDERAL LIASION CONTACT INFORMATION (for Contractor or visitor)

Last Name: _____ First Name: _____ MI: _____

Organization: ____ ROIC ____ ITC ____ NCA ____ SSA ____ GSA ____ AEL ____ Other _____

Division: _____ Section: _____

Mail Symbol: _____ Job Title: _____ Extension: _____

Supervisory Official Signature

Authorizing Signature (From Access Authorization List)

FOR OFFICIAL USE ONLY:

Assigned Card No: _____

Security Access File Update on: _____ By: _____ Group Code: _____

Keypad Number (If Authorized): _____ Notes: _____

VISITOR/CONTRACTOR ACCESS CARD LOG

[illegible]